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| hereby revoke all previous powers of attorney | given in the app | ication identified | in the attached s | tatement under |
| hereby appoint: | | | | |
| Practitioners associated with the Customer Number | r: 24 | 737 | | |
| OR Practitioner(s) named below (if more than ten pater | nt practitioners ere to | e named, then e cust | omer number must b | e used): |
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| ettorney(s) or agent(s) to represent the undersigned by | | | | |
| Ease change the correspondence address for the epplication of the experimental of the experiment of th | 24 | 737 | | |
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| A copy of this form, together with a statement in filed in each application in which this form is under practitioners appointed in this form if the a and must identify the application in which this | under 37 CFR 3.73 sed. The stateme | (b) (Form PTO/SB at under 37 CFR 3. her is authorized to | /96 or equivalent) .73(b) may be con | is required to t |
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| Signature //// | | | Date 14 January 2005 | |
| tame Michael E. Marion | | | Telephone (914 | 333-96 |

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